## **FY 1998 PPS PAYMENT IMPACT FILE**

File Pos.	<u>Format</u>	<u>Title</u>	<u>Description</u>	
1-4	4.	Average Daily Census (ADC)	From cost reports	
6-9	4.	Number of Beds	From cost reports	
11-18	8.2	Medicare Discharges	From 1997 MEDPAR file (adjusted for transfer cases) <sup>1,2</sup>	
20-25	6.4	Case-Mix Index	Version 16 GROUPER (adjusted for transfer cases) <sup>3</sup>	
27-32	6.4	Operating Cost of Living Adjustment	Applied to providers in Alaska and Hawaii for operating PPS	
34-39	6.4	Capital Cost of Living Adjustment	Applied to providers in Alaska and Hawaii for capital PPS	
41-49	9.7	Capital Outlier Percentage	Estimated capital outlier payments as a percentage of Federal capital PPS payments	
51-56	7.5	Capital Cost-to-Charge Ratio	From Provider Specific File, ratio of Medicare capital costs to Medicare covered charges	
59-67	9.7	Disproportionate Share (DSH) Patient Percentage	As determined from cost report and Social Security Administration (SSA) data	
69-77	9.7	Capital DSH Adjustment Factor	Applied to Federal PPS payments	
79-87	9.7	Operating DSH Adjustment Factor	Applied to operating PPS payments	
89-94	\$6.	Hospital's Fiscal Year Ending Date	From cost report	

96-103	8.2	Hospital-Specific Rate	Higher of 1982 or 1987 hospital- specific rates, updated through FY 1999. (Data for Sole Community Hospitals, Essential Access Community Hospitals, and Medicare-Dependent Small, Rural Hospitals.)	
105-108	\$4.	Pre-Reclassification Metropolitan Statistical Area (MSA)	MSA where hospital is actually located, prior to any reclassification decisions by the Medicare Geographic Classification Review Board (MGCRB). Rural areas designated by two digit SSA State codes. <sup>4</sup>	
110-113	\$4.	Post-Reclassification FY 1999 MSA (Wage Index)	MSA used for wage index assignment after reclassification by the MGCRB.	
115-118	\$4.	Post-Reclassification FY 1999 MSA (Standardized Payment Amount)	MSA used for standardized amount assignment after reclassification by the MGCRB.	
120-126	7.5	Operating Cost-to-Charge Ratio	From Provider Specific File, ratio of Medicare operating costs to Medicare covered charges	
128-136	9.7	Operating Outlier Percentage	Estimated operating outlier payments as a percentage of operating PPS payments	
138-143	\$6.	Provider Number	Six character provider number, first two digits identify the State <sup>4</sup>	
145-146	2.	Provider Type	0 = Short term PPS hospital	
			7 = Rural Referral Center	
			8 = Indian hospital	
			14 = Medicare-Dependent, Small Rural Hospital	

			16 =	Sole Community Hospital
			17 =	Sole Community Hospital and Rural Referral Center
			21 =	Essential Access Community Hospital (EACH)
			22 =	EACH and Rural Referral Center
148-154	7.5	Resident-to-ADC ratio	medic	to calculate the indirect cal education (IME) adjustment pital PPS payments
156	\$1.	Reclassification Status	Indicates hospitals reclassified to the MGCRB	
			N =	Not reclassified
			R =	Reclassified for the standardized payment amount
			W =	Reclassified for the wage index
			B =	Reclassified for the standardized payment amount and the wage index
			L =	Reclassified under Section 1886(d)(8) of the Social Security Act
158-159	2.	Census Division		d on pre-reclassification MSA nment
			1 =	New England

			2 =	Middle Atlantic
			3 =	South Atlantic
			4 =	East North Central
			5 =	East South Central
			6 =	West North Central
			7 =	West South Central
			8 =	Mountain
			9 =	Pacific
			40 = F	Puerto Rico
161-166	6.4	Resident-to-Bed Ratio		to determine IME factor for ting PPS payments
168-176	9.7	Capital IME Adjustment	Based on resident-to-ADC ratio	
178-186	9.7	Operating IME Adjustment	Based on resident-to-bed ratio	
188-193	\$6.	Pre-Reclassification Urban/Rural Location	geogra	rural designations based on aphic location prior to sification by the MGCRB
			LURB	AN = Large urban area
			OURB	BAN = Other urban area
			RURA	L = Rural area
195-200	\$6.	Post-Reclassification Urban/Rural Location	reclas	/rural designations after sification by the MGCRB (see class urban/rural location for
202-207	6.4	Medicare Utilization Rate	total in	are days as a percentage of npatient days. (Data not ble for all hospitals)

209-217	9.7	Capital Wage Index	Used to determine geographic adjustment factor
219-227	9.7	Operating Wage Index	Applied to labor-share of standardized amount
229-232	4.	Mileage to Nearest Hospital	Travel distance, used to determine eligibility for hospital-specific payments for reclassified sole community hospitals.

## Notes:

1 X (Length of stay prior to transfer plus one day ÷ Geometric Mean LOS),

where the result cannot exceed 1.

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DRG Relative Weight X (Transfer Payment Amount ÷ Full DRG Payment Amount). Transfer adjusted number of Medicare discharges.

## <sup>4</sup> SSA State Codes:

01	ALABAMA	07	CONNECTICUT
02	ALASKA	08	DELAWARE
03	ARIZONA	09	DISTRICT OF COLUMBIA
04	ARKANSAS	10	FLORIDA
05	CALIFORNIA	11	GEORGIA

<sup>&</sup>lt;sup>1</sup> Medicare discharges are adjusted to account for the less-than-full (per diem) payment hospitals receive for cases transferred to another PPS hospital prior to reaching the geometric mean length of stay for the DRG. The adjustment is calculated by accounting for transfers in proportion to the total per diem payment relative to the full DRG amount, calculated as:

<sup>&</sup>lt;sup>2</sup> In addition to transfers from one PPS hospital to another, Medicare discharges are adjusted to account for the implementation of section 4407 of the Balanced Budget Act, which requires Medicare to pay as transfers discharges from 10 DRGs to postacute care. In the case of seven of these DRGs (14, 113, 236, 263, 264, 429, and 483), transfers to postacute care are paid using the same methodology as transfers from one PPS hospital to another. For three DRGs (209, 210, and 211), payment is equal to half of what the case would get under the PPS to PPS transfer methodology, and half of what the case would be paid if it were paid as a normal discharge.

<sup>&</sup>lt;sup>3</sup> The case-mix index is also adjusted to account for transfers occurring before the geometric mean length of stay. This adjustment is calculated as:

- 12 HAWAII
- 13 IDAHO
- 14 ILLINOIS
- 15 INDIANA
- 16 IOWA
- 17 KANSAS
- 18 KENTUCKY
- 19 LOUISIANA
- 20 MAINE
- 21 MARYLAND
- 22 MASSACHUSETTS
- 23 MICHIGAN
- 24 MINNESOTA
- 25 MISSISSIPPI
- 26 MISSOURI
- 27 MONTANA
- 28 NEBRASKA
- 29 NEVADA
- 30 NEW HAMPSHIRE
- 31 NEW JERSEY
- 32 NEW MEXICO
- 33 NEW YORK
- 34 NORTH CAROLINA
- 35 NORTH DAKOTA
- 36 OHIO
- 37 OKLAHOMA
- 38 OREGON
- 39 PENNSYLVANIA

- 40 PUERTO RICO
- 41 RHODE ISLAND
- 42 SOUTH CAROLINA
- 43 SOUTH DAKOTA
- 44 TENNESSEE
- 45 TEXAS
- 46 UTAH
- 47 VERMONT
- 49 VIRGINIA
- 50 WASHINGTON
- 51 WEST VIRGINIA
- 52 WISCONSIN
- 53 WYOMING

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